ACORD°

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/23/2010

Pf	RODUC	ER		THIS CER	TIFICATE IS IS	SUED AS A MATTER	OF IN	FORMATIO
	HAL	CYON UNDERWRITERS INC		ONLY AN	ID CONFERS	NO RIGHTS UPON '	THE (CERTIFICAT
	2600 LAKE LUCIEN DR STE 304			ALTER TH	HIS CERTIFIC	CATE DOES NOT AM AFFORDED BY THE P	IEND,	EXTEND O
		TLAND, FL 32751 3) 661-3938		ALIEN III	L COVERAGE !	AFFORDED BY THE P	<u>ULICIE</u>	S BELUW.
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IN	SUREC				AFFORDING CO			NAIC#
	KESSLER CONSULTING,				INSURER A:THE PHOENIX INSURANCE COMPANY			
INCORPORATED					E TRAVELERS INDEM	HITY COMPANY		
14620 N NEBRASKA AVE, UNIT D TAMPA, FL 33613				INSURER C:		····		
	1747	# A, 1 L 33013		INSURER D:				
		1	····	INSURER E:				
		AGES		·				
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	INSR		POLICY NUMBER		DATE (MM/DD/YYYY		ITS	
A	. X	GENERAL LIABITY	680-1155L288-10	02/16/2010	02/16/2011	EACH OCCURRENCE DAMAGE TO RENTED	\$1.0	00.000
	1	X COMMERCIAL GENERAL LIABILITY				PREMISES (Ea occurrence)	\$300	0.000
		CLAIMS MADE X OCCUR				MED EXP (Any one person)	\$5,0	
		HIRED AUTO					T	00,000
		NON OWNED AUTO	1			PERSONAL & ADV INJURY	T	
	1	GEN'L AGGREGATE LIMIT APPLIES PER:]			GENERAL AGGREGATE		00,000
		X POLICY PRO- LOC			1	PRODUCTS - COMP/OP AGG	\$2,0	00,000
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		ANY AUTO				(Es accident)	\$	
		ALL OWNED AUTOS				BODILY INJURY (Per person)	\$	
	1	SCHEDULED AUTOS				(Per person)	<u> </u>	
		HIRED AUTOS	1			BODILY INJURY		
		NON-OWNED AUTOS				(Per accident)	\$	
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	<u> </u>					PROPERTY DAMAGE (Per accident)	\$	
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		ANY AUTO						
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	OFFIC	ROPRIETOR/PARTNER/EXECUTIVE ERMEMBER EXCLUDED?				E.L. EACH ACCIDENT	s	
	if yes,	describe under				E.L. DISEASE - EA EMPLOYEE	\$	
	SPECI	AL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
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		ON OF OPERATIONS / LOCATIONS / VEHICLE						
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₩ r	COP	EU 13 TU GENERAL LIABILITY, CI	TY OF KEY WEST IS ADDITION.	AL INSURED - RU	ANKET ADDITON	A í		į
NSU	バトし	-OWNERS/LESSEES/CONTRACTO	ORS, CG D1 05 BUT ONLY AS R	ESPECTS TO WA	STE MANAGEME	ALT CONCLUSTING		İ
45 F	ESPI	ECTS TO GENERAL LIABILITY, SU	IBROGATION AGAINST CITY OI	F KEY WEST HAS	BEEN WAIVED	PER CG 00 01.		
ER	TIFIC	ATE HOLDER	****	CANCELLATI	nu -			
	ONIOLEEATION							
_	CITY OF KEY WEST						E EXPIRATION	
		RISK MANAGEMENT				WILL ENDEAVOR TO MAIL 3		
PO BOX 1409				NOTICE TO THE C	ERTIFICATE HOLDER N	AMED TO THE LEFT, BUT FAIL	URE TO	DO SO SHALL
KEY WEST, FL 33041				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.				
								AUTHORIZED REPRESENTATIVE Truly J. Swan
					//	very y. V	w.	<u> </u>
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PRODUCER		RTIFICATE OF				DATE (MMIDDIYYYY)
			THIS CE	RTIFICATION IS	ISSUED AS A MATTER	OF WIFORMA PIO
	IMMING ALLSTATE ER ST., STE 111	PH: 813-282-0069	I UNLY A	ND CONFERS	NO RIGHTS UPON T CATE DOES NOT AME	UE CEDMEICAT
TAMPA FL 3		FAX: 813-207-5069	ALTER T	HE COVERAGE	AFFORDED BY THE PO	IND, EXTEND O
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VISURED			INSURER A	APPORDING CO	JVERAGE	NAIC#
***		11/1/		ALLSTATE INSUR	ANCE	
Kessler Consulting, 14620 N. Nebraska A		Inc.	INSURER C		NIOE	
	n. nedraska <i>i</i> , FL 33613	ave Ste D	INSURER O:			- · · · · ·
			INSURER E			
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ANY REQUIR	ES OF INSURANCE LISTED E REMENT, TERM OR CONDITI	ELOW HAVE BEEN ISSUED TO THE ON OF ANY CONTRACT OR OTHER DED BY THE POLICIES DESCRIBE	E INSURED NAMED	ABOVE FOR THE P	OLICY PERIOD INDICATED.	NOTWITHSTANDIN
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BRADDA TRINSRO		POLICY MUMBER	IN AMERICA			
	Type of insurance Eral Liability	POLICY NUMBER \	DATE (MOMODIYY	POLICY EXPIRATION DATE (MM/DO/YY	LIDAN	9
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	CLAIMS MADE OCCU				PREMISES (En occurrence)	6
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4	AGGREGATE LIMIT APPLIES PET	ષ્ટ			PRODUCTS - COMP/OF AGG	1
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, ,	HOBITE TIVESTILA			,	COMBINED SINGLE LIMIT	
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	SCHEDULED AUTOS		1 . ,	11	BODILY INJURY	6
1 TO	TRIED AUTOS		,		(Perperson)	
	ION-OWNED AUTOS	"		ļ	PODILY BLILIPY	5 -
- 	medical payme	nts .			7	
	#5000				PROPERTY DAMAGE (Per accident)	\$
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					OTHER HAM	\$.
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SPECIAL PRO	n under ZVTSIONS below				E.L. DISEASE - EA EMPLOYEE I	1
OTHER					EL DISEASE - LCY LIMIT :	
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l	HUUMU CEKIIFI	CATE UF LIABI	LII'Y INS	DUKANU	· E	04/19/2010	
		FAX (888)883-8680	THIS CER	TIFICATE IS ISS	UED AS A MATTER OF		
L	assiter-Ware Insurance		ONLY AN	D CONFERS NO	RIGHTS UPON THE CE	RTIFICATE	
l l	401 W. Kennedy Blvd.		ALTER TH	HIS CERTIFICA	ATE DOES NOT AMEND AFFORDED BY THE PO	LICIES BELOW.	
	Suite 200 Tampa, FL 33609			INSURERS AFFORDING COVERAGE			
INS	ured Kessler Consulting, In	c.	INSURER A: A	INSURER A: American Safety RRG, Inc.			
	14620 N. Nebraska Ave		INSURER B:			25448	
	Building D		INSURER C		*****		
	Tampa, FL 33613		INSURER D:				
			INSURER E:				
	VERAGES						
í	HE POLICIES OF INSURANCE LISTED BE NY REQUIREMENT, TERM OR CONDITIO MAY PERTAIN, THE INSURANCE AFFORDI OLICIES. AGGREGATE LIMITS SHOWN M	N OF ANY CONTRACT OR OTHER I ED BY THE POLICIES DESCRIBED I	DOCUMENT WITH I HEREIN IS SUBJEC	RESPECT TO WHIC	CHITHIS CERTIFICATE MAY	BE ISSUED OR	
INS	ADD'L TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION	LIMI	rs	
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	CLAIMS MADE OCCUR				MED EXP (Any one person)	s	
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					GENERAL AGGREGATE	s	
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	HIRED AUTOS NON-OWNED AUTOS		Control of Control of		BODILY INJURY (Per accident)	s	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	ANY AUTO				OTHER THAN EA ACC	\$	
					AUTO ONLY: AGG	\$	
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
		1				\$	
	DEDUCTIBLE					\$	
	RETENTION \$					3	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	,			E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? If yes, describe under				E.L. DISEASE - EA EMPLOYEE	3	
	SPECIAL PROVISIONS below OTHER		27 (72 (22)		E.L. DISEASE - POLICY LIMIT	· ·	
A	Professional Liability Claims Made	MPL0098110905	07/12/2009	07/12/2010	\$1,000,000 (\$1,000,000) \$2,500 Retention	<i>lggregate</i>	
DES	RIPTION OF OPERATIONS/LOCATIONS/VEHICL Certificate Holder is an	ES / EXCLUSIONS ADDED BY ENDORSEM	IENT / SPECIAL PROVIS	SIONS		•	
ne	Certificate Holder is an a	additional insured und	er the terms	and conditi	ons of the Genera	1	
i a	pility policy with respect	lo work performed by	the named in	surea as req	uirea by written	contract.	
ne nï	he Professional Liability policy contains a Waiver of Subrogation in favor of the cert older providing the contract is executed prior to any loss.						
	cept ten (10) days notice						
	ept ten (10) days notice		a lum.				
E	TIFICATE HOLDER		CANCELLAT	ION			
			SHOULD ANY	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE			
			1	EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL			
	City of Key West		30° DAYS	WRITTEN NOTICE TO	THE CERTIFICATE HOLDER NAI	MED TO THE LEFT,	
	Attn: Risk Mgmt Dept.		BUT FAILURE	BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY			
P.O. Box 1409				OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
	Key West, FL 33041-1409		AUTHORIZED REPI	AUTHORIZED REPRESENTATIVE (). 4 (, , ,)			
				Patricia Schmaltz/JUDES Column Schruby			

Agency

Lassiter-Ware Insurance 4401 W. Kennedy Blvd. Suite 200 Tampa, FL 33609 Insured Kessler Consulting, Inc.

Nessier Consulting, ind 14620 N. Nebraska Ave Building D

Tampa, FL 33613

Company

American Safety Ins Svcs, Inc. American Safety RRG, Inc. 100 Galleria Parkway S.E. Suite 700 Atlanta, GA 30339 Policy Number MPL0098110905 Policy Period 07/12/2009 07/12/2010

Regarding First Request Add WOS for City of Key West

Effective 04/19/2010 Add WOS for City of Key West

Comments

Please add a Waiver of Subrogation for the following: (\$250. charge)

City of Key West Attn: Risk Mgmt Dept. P.O. box 1409 Key West, FL 33041-1409

THank you,



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/19/2010

						4/19/2010	
1	CER (813)890-0415 FAX		THIS CER	RTIFICATE IS ISS	SUED AS A MATTER OF REPORT	OF INFORMATION	
PrimeGroup Insurance Services, Inc.			HOLDER.	THIS CERTIFIC	ATE DOES NOT AME	ND. EXTEND OR	
i .	Beaumont Center Blvd	1.	ALTER T	HE COVERAGE	AFFORDED BY THE F	OLICIES BELOW.	
Suit	e #445						
Tamp	a FL 3	3634	INSURERS	AFFORDING CO	/ERAGE	NAIC #	
INSURE)		INSURER A. BY	idgefield E	mployers	10701 A xv	
ŀ	ler Consulting, Inc.		INSURER B:			1	
1462	0 Nebraska Ave. Build	ling D	INSURER C:	The second secon	THE P. P. C. LEWIS CO., LANSING MICH. S. LEWIS CO., LANSIN	ere and an area of the second and area of the second and the secon	
			INSURER D			/ // *	
Tamp	a FL 3	3613	INSURER E:		A Market of Committee of the committee o		
COVE	RAGES		- MOSTER C		······································	·	
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INSR ADD	rL .	POLICY NUMBER		POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	'S	
	GENERAL LIABILITY			C SULF INDIVIDUO (111111	EACH OCCURRENCE	s	
1	COMMERCIAL GENERAL LIABILITY	<i>.</i>	*		DAMAGE TO RENTED	s	
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	Andrewson the state of the stat		* * *	•	PERSONAL & ADV INJURY	\$	
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:	AUTOMOBILE LIABILITY ANY AUTO			- American	COMBINED SINGLE LIMIT (Ea accident)	s	
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	SCHEDULED AUTOS		To the second se	7.	BODILY INJURY (Per person)	s	
	HIRED AUTOS				BODILY INJURY		
	NON-OWNED AUTOS			Table 1	(Per sccident)	\$	
	THE THE STATE OF THE PARTY OF T				PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	5	
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A WO	RKERS COMPENSATION			· · · · · · · · · · · · · · · · · · ·		δ	
- AND	EMPLOYERS'LIABILITY YIN			į	X WC STATU- TORY LIMITS X OTH-	- 200 - 000 000	
OFF	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?			•	E.L. EACH ACCIDENT	s 1,000,000	
(Mai	ndatory in NH) s, describe under CIAL PROVISIONS below	0830-41210	3/7/2010	3/7/2011	E.L. DISEASE - EA EMPLOYEE	1,000,000	
SPE					E.L. DISEASE - POLICY LIMIT	1,000,000	
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		}	<u> </u>				
ESCRIPT	ON OF OPERATIONS / LOCATIONS / VEHIC	LES / EXCLUSIONS ADDED BY ENDOR	SEMENT / SPECIAL PROVI	SIONS			
i malvi See ati	or of Subrogation has been tached. 10 day intent to c	. 185ued in favor of the	Certificate Ho	lder.		ĺ	
		ancer for hon-pay.					
ERTIFICATE HOLDER C			CANCELL AT	CANCELLATION			
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Million of Mars Warsh			£	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION			
Attn: Risk Mgmt. Dept			l l	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN			
PO Box 1409			1	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL			
Key West, FL 33041-1409			1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR			
}				REPRESENTATIVES.			
l l			Ed Ellsasse	RESENTATIVE	E1 11	5 m	
				er -	Elmo C.	Chaser	
CORD	25 (2009/01)	6	4000 0000 400	OD CORDODATION AL			

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Blanket Waiver of Subrogation Applies

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

Date Prepared: January 12, 2010

Carrier: Bridgefield Employers Insurance Company

Effective Date of Endorsement: March 7, 2010

Policy Number: 830-41210

Countersigned by:

insured: Kessier Consulting, Inc.

WC 00 03 13 (Ed. 4-84)

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